

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395944	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 06/05/2023
NAME OF PROVIDER OR SUPPLIER: CHAMBERS POINTE HEALTH CARE CENTER STATE LICENSE NUMBER: 064902		STREET ADDRESS, CITY, STATE, ZIP CODE: 1425 PHILADELPHIA AVENUE CHAMBERSBURG, PA 17201			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT	F 0000			
F 0600 SS=G	Based on a complaint and incident survey completed on June 5, 2023, it was determined that Chambers Pointe Health Care Center was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations for the Health portion of the survey process.	F 0600			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0600 SS=G	Continued from page 1 483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:	F 0600	All nursing staff have the responsibility to implement care-planned interventions, physician orders and/or facility policies to keep residents free from abuse and neglect. This includes following a resident's transfer status and the potential consequences to both the team member and the resident when care-planned interventions and/or facility policies are not followed. Nurse Aide 1 was requested by Resident 2 to walk her prior to bed. According to an interview conducted by the Nursing Home Administrator (NHA), Nurse Aide 1, reviewed Resident 2's care plan prior to walking her which stated the resident required one staff member and a wheeled walker for transfers and walking. Nurse Aide 1 followed the plan of care and walked the resident accordingly. When Nurse Aide 1 asked Resident 2 to turn to go back toward her room, Resident 2 stated she felt dizzy. Resident 2 has documented history of vertigo. Before Nurse Aide 1 was able to get Resident 2 safely to the	Completion Date: 06/30/2023 Status: APPROVED Date: 06/23/2023	

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F 0600 SS=G	Continued from page 2	F 0600	wheelchair she was following Resident 2 with, Resident 2 fell forward. The fall resulted in a fractured nasal bone. The NHA was called and immediately began investigation, interviewing Nurse Aide 1. Nurse Aide 1 stated she reviewed the care plan prior to walking Resident 2 but "there was no gait belt in the room." When the NHA asked Nurse Aide 1 what she should do when there isn't a gait belt in the room Nurse Aide 1 stated she should "go find one." Later in the interview the NHA asked Nurse Aide 1 what it means when a resident is not care-planned for a gait belt and she responded, "Not to use one. But I guess next time with everyone I will." Nurse Aide 1 had been educated about the use of gait belts upon hire on 1/25/23 then again through in-services on 2/1/23, 2/14/23, and again on 3/3/23. The NHA re-educated Nurse Aide 1 at the time of the incident/interview that the only residents who do not use a gait belt for transfers/walking are those that are care planned to		

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F 0600 SS=G	Continued from page 3	F 0600	not have a gait belt; all other residents use gait belts. Additionally, all clinical team members were re-educated on the gait belt policy. Nurse Aide 1 was required to go through her new hire orientation, including the gait belt policy, and have it completed by 6/16/23. In order to ensure all team members use gait belts and this same type of incident does not occur again, gait belts were re-distributed to all resident rooms and all staff members. All Nurse Aides, Licensed Practical Nurses, Registered Nurses (whether staff members, agency or contracted) as well as therapists will be required to have a gait belt on-person while providing care for the residents. 10 random audits of all shifts will be conducted weekly for 12 weeks to ensure compliance with this regulation. In addition, staff will be educated through a directed in-service on the parameters of this regulation that will be conducted on 6/22/23 by an approved Directed Inservice provider. Knowing and		

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F 0600 SS=G	Continued from page 4	F 0600	understanding what is care-planned for each resident will also be a focus to obtain compliance with this regulation and ensure future compliance is maintained. Staff members will be re-educated on how to access and where to locate all resident care plans. 10 audits will be conducted randomly for 12 weeks on individual care residents' care plans. The DON or designee will develop creative questioning, quizzing and documentation of resident care plans and ensure team members are capable of responding according to that individual resident's care plan.		

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F 0600 SS=G	<p>Continued from page 5</p> <p>Based on review of facility policies, investigation reports, clinical records, and staff education records, as well as staff interviews, it was determined that the facility failed to ensure that residents were free from neglect for one of seven residents reviewed (Resident 2), resulting in harm to Resident 2 due to a fall that resulted in fractures.</p> <p>Findings include:</p> <p>The facility's policy regarding abuse and neglect, dated April 13, 2023, indicated that the facility was to provide protection for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property.</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated March 30, 2023, revealed that the resident was</p>	F 0600			

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F 0600 SS=G	<p>Continued from page 6</p> <p>cognitively intact, required the extensive assistance of two staff for transfers, required limited assistance with ambulation (walking), was only able to stabilize and balance herself with staff assistance, and had no recent falls. The resident's care plan, dated March 25, 2023, revealed that she required one staff member and a wheeled walker for transfers.</p> <p>A nursing note, dated May 20, 2023, at 11:09 p.m. revealed that the nurse aide was yelling for help and Resident 2 was found lying on the ground on her stomach, and there was a large amount of blood under her face, which was coming from the resident's nose. The bridge of the resident's nose was swollen with bruising and a laceration, and she was transferred to the hospital. A CT-scan (diagnostic test), dated May 21, 2023, revealed the resident had a fracture of the nasal bone.</p> <p>The facility's investigation dated May 20, 2023, revealed that Resident 2 requested that Nurse Aide 1 walk with her, and Nurse Aide 1 followed the resident with her wheelchair as the resident walked</p>	F 0600			

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F 0600 SS=G	<p>Continued from page 7</p> <p>with her rolling walker. When Nurse Aide 1 asked the resident to turn and go back to her room the resident said she was dizzy, and before the resident could be seated, she fell forward. The resident has a history of being dizzy and receives medication three times a day. The investigation determined that Nurse Aide 1 was not using a gait belt at the time of the fall. Nurse Aide 1 stated that she thought the resident did not need a gait belt since it was not care planned.</p> <p>The facility's new employee training checklist, dated January 25, 2023, revealed that Nurse Aide 1 completed training regarding transfer/ambulation with a gait belt.</p> <p>An interview with Nurse Aide 1 on June 5, 2023, at 2:47 p.m. confirmed that she did not use a gait belt while walking and transferring Resident 2 because it was not care planned; however, she did confirm that she received education regarding the use of the gait belt.</p>	F 0600			

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F 0600 SS=G	Continued from page 8 An interview with the Nursing Home Administrator on June 5, 2023, at 2:25 p.m. confirmed that Nurse Aide 1 did not use a gait belt when transferring and ambulating Resident 2 and she should have, and that neglect was substantiated. 42 CFR 483.13 - Resident Behavior and Facility Practices, 10-1-1998 edition. 28 Pa. Code 211.10(c)(d) Resident care policies. 28 Pa. Code 211.11(d) Resident care plan. 28 Pa. Code 211.12(d)(1)(5) Nursing services.	F 0600			
F 0689 SS=G		F 0689			

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F 0689 SS=G	Continued from page 9 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 0689	Nurse Aide 1 was requested by Resident 2 to walk her prior to bed. According to an interview conducted by the Nursing Home Administrator (NHA), Nurse Aide 1, reviewed Resident 2's care plan prior to walking her which stated the resident required one staff member and a wheeled walker for transfers and walking. Nurse Aide 1 followed the plan of care and walked the resident accordingly. When Nurse Aide 1 asked Resident 2 to turn to go back toward her room, Resident 2 stated she felt dizzy. Resident 2 has documented history of vertigo. Before Nurse Aide 1 was able to get Resident 2 safely to the wheelchair she was following Resident 2 with, Resident 2 fell forward. The fall resulted in a fractured nasal bone. The NHA was called and immediately began investigation, interviewing Nurse Aide 1. Nurse Aide 1 stated she reviewed the care plan prior to walking Resident 2 but "there was no gait belt in the room." When the NHA asked Nurse Aide 1 what she should do when there isn't	Completion Date: 06/30/2023 Status: APPROVED Date: 06/21/2023	

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F 0689 SS=G	Continued from page 10	F 0689	a gait belt in the room Nurse Aide 1 stated she should "go find one." Later in the interview the NHA asked Nurse Aide 1 what it means when a resident is not care-planned for a gait belt and she responded, "Not to use one. But I guess next time with everyone I will." Nurse Aide 1 had been educated about the use of gait belts upon hire on 1/25/23 then again through in-services on 2/1/23, 2/14/23, and again on 3/3/23. The NHA re-educated Nurse Aide 1 at the time of the incident/interview that the only residents who do not use a gait belt for transfers/walking are those that are care planned to not have a gait belt; all other residents use gait belts. Additionally, all clinical team members were re-educated on the gait belt policy. Nurse Aide 1 was required to go through her new hire orientation, including the gait belt policy, and have it completed by 6/16/23. In order to ensure all team members use gait belts and this same type of incident does not occur again, gait belts were re-distributed		

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F 0689 SS=G	Continued from page 11	F 0689	to all resident rooms and all staff members. All Nurse Aides, Licensed Practical Nurses, Registered Nurses (whether staff members, agency or contracted) as well as therapists will be required to have a gait belt on-person while providing care for the residents. A directed in-service on the parameters of this regulation will be conducted on 6/22/23 by an approved directed in-service provider, and 10 random audits of all shifts will be conducted weekly for 12 weeks to ensure compliance with this regulation. In addition, gait belt policy review and training will remain part of the new hire orientation process.		

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F 0689 SS=G	Continued from page 12 Based on review of facility policies, investigation reports, clinical records, and staff education records, as well as staff interviews, it was determined that the facility failed to provide care using adequate assistance devices to prevent accidents for one of seven residents reviewed (Resident 2), resulting in the resident experiencing a fall and fracture. Findings include: The facility's policy regarding gait belt use, dated April 13, 2023, indicated that gait belts were to be used with residents that could not independently ambulate or transfer for the purpose of safety. Each nursing department employee was to be given a gait belt during orientation. All employees would receive education on the proper use of the gait belt during orientation and annually. It would be the responsibility of each employee to ensure they have it available for use at all times when at work.	F 0689			

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F 0689 SS=G	<p>Continued from page 13</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated March 30, 2023, revealed that the resident was cognitively intact, required the extensive assistance of two staff for transfers, required limited assistance with ambulation (walking), was only able to stabilize and balance herself with staff assistance, and had no recent falls. The resident's care plan, dated March 25, 2023, revealed that she required one staff member and a wheeled walker for transfers.</p> <p>A nursing note, dated May 20, 2023, at 11:09 p.m. revealed that the nurse aide was yelling for help and Resident 2 was found lying on the ground on her stomach, and there was a large amount of blood under her face, which was coming from the resident's nose. The bridge of the resident's nose was swollen with bruising and a laceration, and she was transferred to the hospital. A CT-scan (diagnostic test), dated May 21, 2023, revealed the resident had a fracture of the nasal bone.</p>	F 0689			

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F 0689 SS=G	<p>Continued from page 14</p> <p>The facility's investigation, dated May 20, 2023, revealed that Resident 2 requested that Nurse Aide 1 walk with her, and Nurse Aide 1 followed the resident with her wheelchair as the resident walked with her rolling walker. When Nurse Aide 1 asked the resident to turn and go back to her room the resident said she was dizzy, and before the resident could be seated, she fell forward. The resident has a history of being dizzy and received medication three times a day. The investigation determined that Nurse Aide 1 was not using a gait belt at the time of the fall. Nurse Aide 1 stated that she thought the resident did not need a gait belt since it was not care planned.</p> <p>The facility's new employee training checklist, dated January 25, 2023, revealed that Nurse Aide 1 completed training regarding transfer/ambulation with a gait belt.</p> <p>An interview with Nurse Aide 1 on June 5, 2023, at 2:47 p.m. confirmed that she did not use a gait belt while walking and transferring Resident 2 because it</p>	F 0689			

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F 0689 SS=G	Continued from page 15 was not care planned. An interview with the Nursing Home Administrator on June 5, 2023, at 2:25 p.m. confirmed that Nurse Aide 2 did not use a gait belt when transferring and ambulating Resident 2 and she should have. 28 Pa. Code 211.12(d)(1)(5) Nursing services.	F 0689			



Certified End Page

CHAMBERS POINTE HEALTH CARE CENTER

STATE LICENSE NUMBER: 064902

SURVEY EXIT DATE: 06/05/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY